

Florida Office of Insurance Regulation Medical Malpractice Closed Claims Report

Department File Number :	M200433821
Claim Number :	006-02-0136-10S
Date Submitted :	12/23/2004

Insurer Information

Insurer Name		Coverage Type	
LEXINGTON INSURANCE COMPANY		Primary	
Insurer FEIN	Professional License Number		
25-1149494			
Insurer Contact Information			
Type	First Name	MI	Last Name
Individual	Denny	R	Rodriguez
Street Address			
1515 Wilson Boulevard, Suite 800			
City		State	Zip
Arlington		VA	22209
Phone	Ext	Fax	E-Mail Address
(703) 907 - 3837		(703) 276 - 9419	rodriguez@prms.com

Insured Information

Type	First Name	MI	Last Name
Individual	Gold	S	Dorval
Insurer Type	Street Address of Practice		
Licensed	1161 NW 101 Avenue		
City	State	Zip Code	County
Plantation	FL	33322	Broward
Policy Number	Per Claim Policy Limits	Aggregate Policy Limits	
GP-PSC00-354174	\$250,000	\$750,000	
Profession or Business	Other Profession or Business		
Medical Doctor			
License Number	Specialty Code & Classification	Certification Number	
ME56209	Psychiatry - All Other		

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Injured Person Information			
First Name	MI	Last Name	Date of Birth
Street Address		Gender	County where Injury Occurred
City		M	Martin
		State	Zip Code
Location where injury occurred		Other location where injury occurred	
Patient's Home			
Name of Institution		Code	
MEMORIAL REGIONAL HOSPITAL(HOLLYWOOD)		100038	
Location of Institutional Injury		Other Location of Institutional Injury	
Patients' Room			
Date of Occurrence		Date Reported to Insurer	
6/2/2002		6/9/2003	

Diagnostic Information
Final Diagnosis For Which Treatment Was Sought Including Patient's Actual Condition
Bipolar disorder.
Operation, Diagnostic, Or Treatment Procedure Rendered Causing The Injury
Alleged failure to prevent outpatient suicide.
Diagnostic Code :
Misdiagnosis Made, If Any, Of Patient's Actual Condition
None.
Principal Injury Giving Rise To The Claim
Death by suicide.
Severity Of Injury
Permanent: Death.

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Legal Information	
Date of Suit	Circuit Court Case Number
4/10/2003	00-14725
County Suit Filed in	Date of Final Disposition
Dade	10/27/2004
Other Defendants Involved in this Claim	
Punjwani, Sohail Compass Health Systems	
Stage of Legal System at which Settlement was Reached or Award Made	
Within 90 days of suit being filed.	
Final Method of Claim Disposition	
Settled by parties	
Court Decision	Other
No Court Proceedings.	
Arbitration	
Claim not subject to Arbitration.	
Date of Payment	
10/27/2004	

Financial Information	
Was there a settlement Resulting in payment to the Plaintiff?	Yes
Indemnity Paid by Insurer on behalf of Insured	\$70,000
Loss Adjust Expense Paid to Defense Counsel	\$22,219
All Other Loss Adjustment Expense Paid	\$0
Injured Person's Total Non-Economic Loss	\$0
Deductible	\$0
Injured Person's Total Economic Loss	
	<u>Incurred to Date</u>
Medical Expense	\$0
Wage Loss	\$0
Other Expenses	\$0
	<u>Anticipated</u>
Medical Expense	\$0
Wage Loss	\$0
Other Expenses	\$0
Safety Management Steps Taken by Insured to Make Similar Occurrence Less Likely	
None.	

Updates
No updates found.